

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Samuel Bailey* Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland* Month *Nov* Day *8* Age *37* Years Months *—* Days *—*

Date of death 190*8*

Sex *Male* Color or Race *Colored* Birth-place *Pa*

Occupation *Hod carrier* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Lucy Parker*

Father's Name *Paul Bailey* Father's Birthplace *Va*

Mother's Maiden Name *Anna Frye* Mother's Birthplace *Pa*

Name of person giving Information *Lucy Bailey* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Acute Pneumonia* followed by *Chronic Pneumonia* How long *6 months*

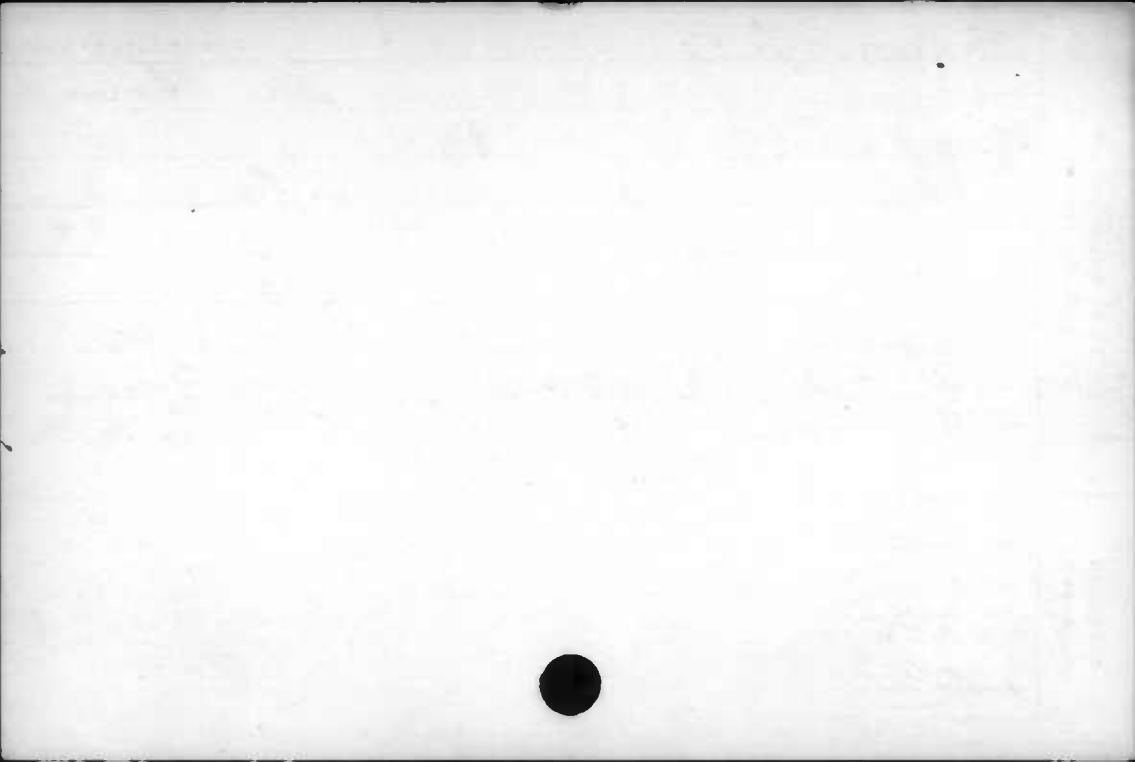
Immediate *Exhaustion* How long *some weeks*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *R. P. Duke* Address *Dr. Duke, Cumberland Md*

*Stein*

Accident or Suicide *—*



Name  
in  
Full

Samuel Barber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

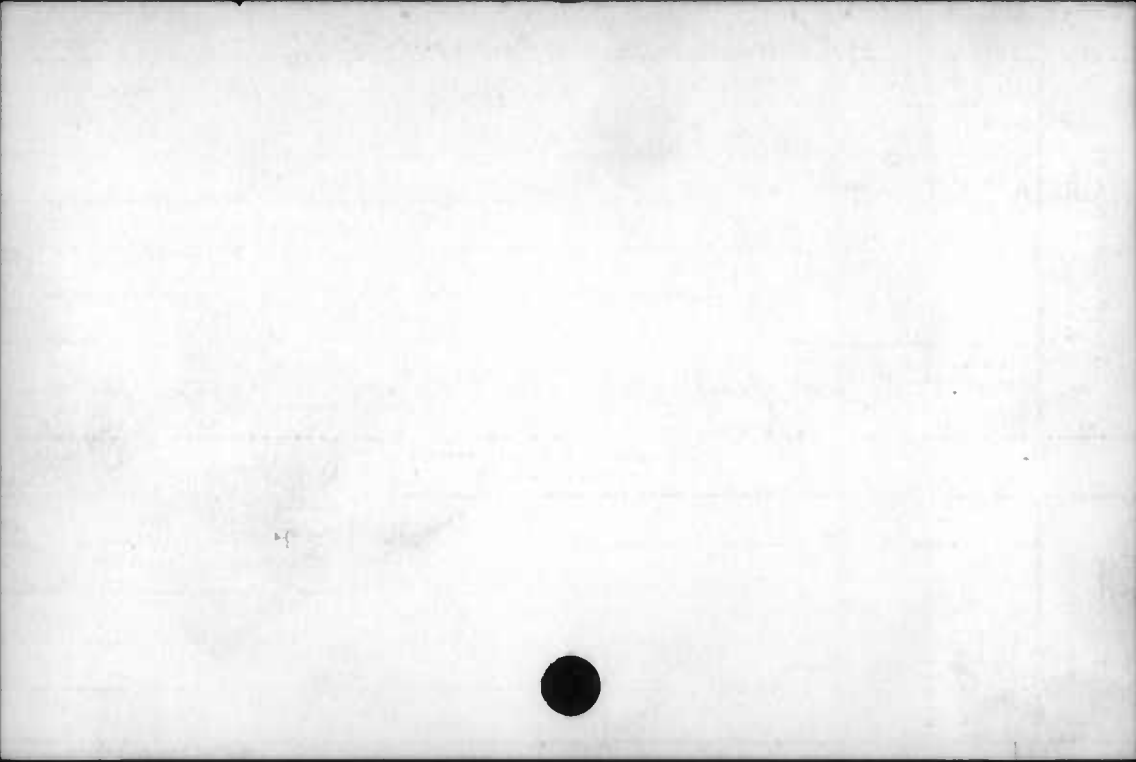
Died at <i>Louacoming</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death <i>1908 November</i> Month		<i>19</i> Day	<i>51</i> Years	<i>—</i> Months	<i>29</i> Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Old Hampshire</i>	
Occupation <i>Finer &amp; Plumber</i>		Where Residing if not at place of death <i>Riverhead - New York</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Catharine Ritchie Barber</i>			
Father's Name <i>Samuel Barber</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Zilpha Bottoms</i>		Mother's Birthplace <i>England</i>			
Name of person giving information <i>Zilpha Barber</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Stomach</i>	How long <i>One year</i>
Immediate <i>Intoxication</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Skilling M.D.</i>
<i>8</i>	Address <i>Louacoming</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Nov.	21	Age	—	—	
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	—		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Benjamin Bennett				Father's Birthplace	Maryland
Mother's Maiden Name		Effie May Carlucci				Mother's Birthplace	Maryland
Name of person giving information		Benjamin Bennett				How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Bronchitis		How long	90	3 days
Immediate	Convulsions		How long	18 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. R. Walker	
Accident or Suicide?		—	Address	Frostburg	

Foster.

A. D. Lloyd, Comm.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

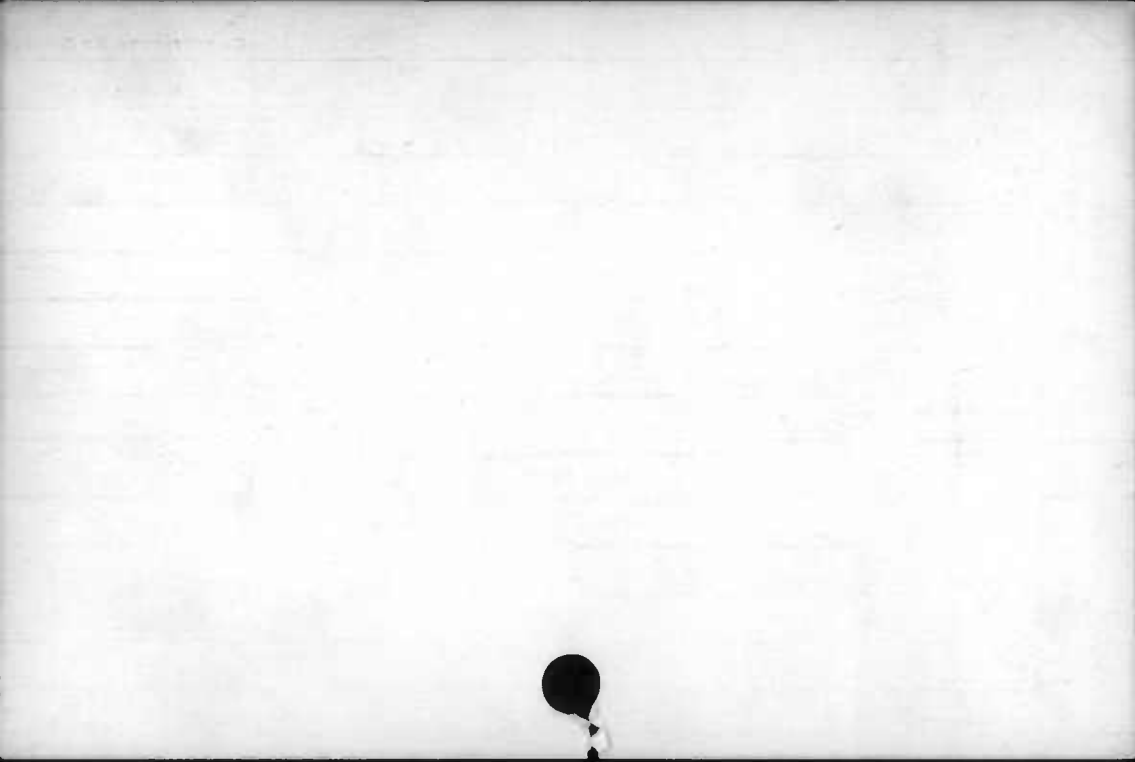
Died at <u>Cumberland</u> <sup>Town</sup>		<u>Bowie</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>25</u>	Age <u>80</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Virginia</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Margaret J. Bowie</u>				
Father's Name <u>(unknown) Bowie</u>	Father's Birthplace <u>Virginia</u>		Mother's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>unknown</u>	Name of person giving Information <u>Mrs Margaret J. Bowie</u>		How related to deceased <u>wife</u>		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Myocarditis</u>	How long <u>Some years</u>
Immediate <u>General oedema (Heart failure)</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Duse</u>
<u>Charlesburg</u> <u>Nra</u>	Address <u>Cumberland Md</u>
Accident or Suicide <u>None</u>	





Name  
in  
Full

William Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

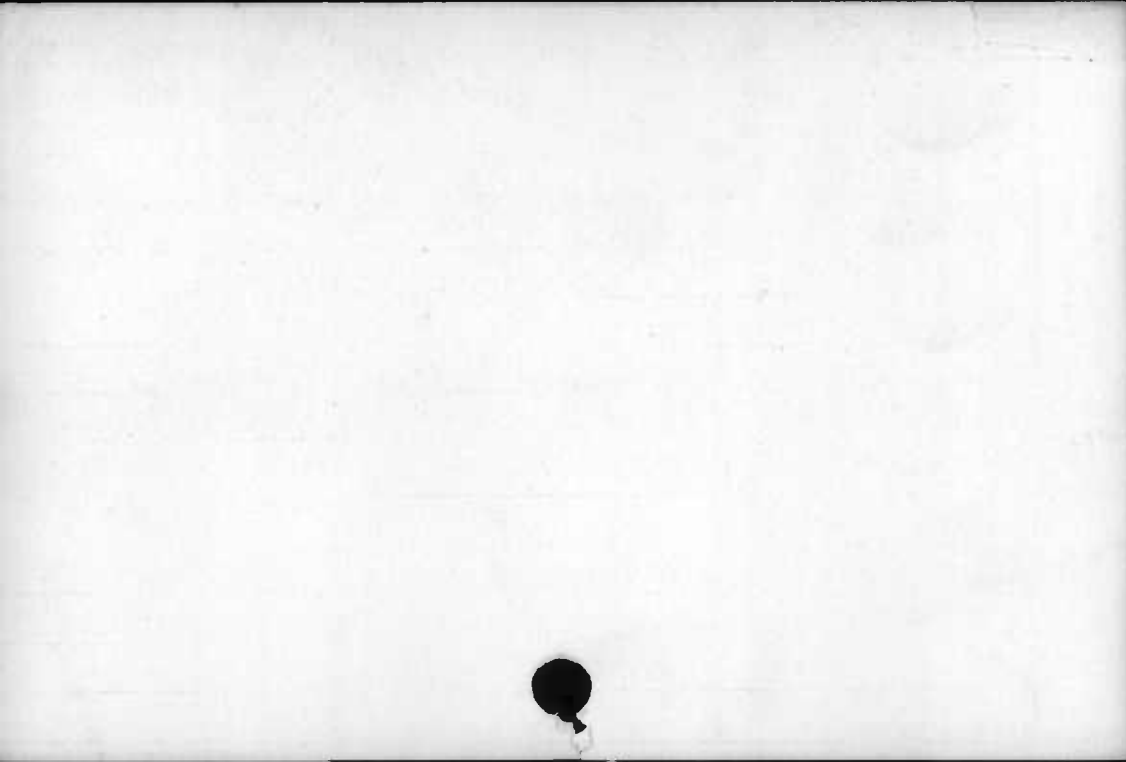
Died at <i>Sonoma</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Nov.</i>	Day <i>1</i>	Age <i>51</i>	Months <i>10</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Staffordshire W. Va.</i>	
Occupation <i>miner</i>			Where Residing if not at place of death —		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Jane Reed</i>			
Father's Name <i>John Brown</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Mary Graham</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs Brown</i>			How related to deceased <i>wife</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism - Nephritis</i>	How long <i>6 months</i>
Immediate	<i>Diarrhea - exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James A. Bullock M.D.</i>
		Address <i>Sonoma Ala.</i>
Accident or Suicide? <i>no</i>		



Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Clostermann*

Died at *Red Hill* <sup>Town</sup> *Allegheny* <sup>County</sup>

Date of death *1908* <sup>Month</sup> *Nov* <sup>Day</sup> *17* <sup>Years</sup> *63* <sup>Months</sup> *8* <sup>Days</sup> *19*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *R.R. Man* Where Residing if not at place of death *Red Hill*

Married, Single or Widowed *Married* Name of Wife or Husband *Kate Clostermann*

Father's Name *John Clostermann* Father's Birthplace *Germany*

Mother's Maiden Name *Katherine Millman* Mother's Birthplace *Germany*

Name of person giving information *Leha Clostermann* How related to deceased *Son*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Pneumonia* <sup>How long</sup> *35 yrs*

Immediate *Cerebral apoplexy* <sup>How long</sup> *2 wks*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*W. C. Holdsworth*  
*Eastport Mines*  
*Ind*

Accident or Suicide?



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Town</i> <i>Prossburg</i>		County <i>Allegheny</i>		
		Date of death <i>1906</i>		Month <i>11</i>	Day <i>27</i>	Age <i>75</i>
		Sex <i>M</i>		Color or Race <i>M</i>	Birth-place <i>Ireland</i>	
		Occupation <i>N. H.</i>		Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband <i>John Condry</i>		
Father's Name		} <i>No history of Parents,</i>		Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name		}		Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>John S. Brophy,</i>		How related to deceased <i>Son-in-law.</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Asthma,</i>		How long <i>6 yrs.</i>		
		Immediate <i>Aortic Regurgitation</i>		How long <i>2 yrs</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. M. Lane</i>		
				Address <i>Prossburg, Md</i>		
		Accident or Suicide?				

Hofer.

St. Michael's Canon

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth S. Connelly

Town

County

Died at

Cumberland

Accery

MARYLAND

Date

of death 1908

Month

Nov

Day

20

Age

Years

43

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

Wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of ~~Wife~~  
Husband

M. E. Connelly

Father's  
Name

Lamuel Brumner

Father's  
Birthplace

Dad Know

Mother's  
Maiden Name

Dad Know

Mother's  
BirthplaceName of person giving  
Information

M. E. Connelly

How related  
to deceased

Husband.

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Chronic Pericarditis Nephritis

How long

8 mos

Immediate

Uremia

How long

Several months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. Blumhagen MD

Address

Cumberland MD

Accident or Suicide

31

Geo. L. Carder, M.D.,  
Secretary Board of Health.

Lumberland

M'd

Nov. 1898



Name  
In  
Full

CERTIFICATE OF DEATH

William A Cornwell

TO BE ANSWERED BY  
NEAREST FRIEND

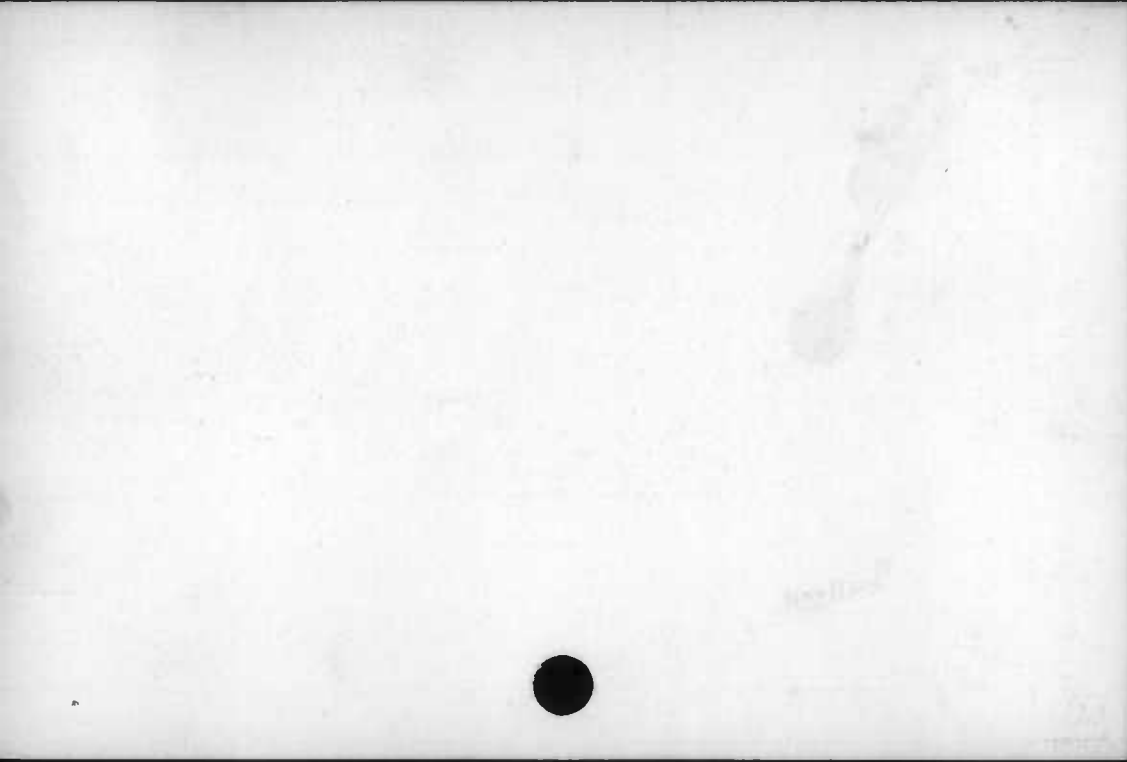
Died at <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1908	Month	Nov	Day	3
Age	39	Years	9	Months	14
Sex	Male	Color or Race	White	Birth-place	W Va
Occupation	Contractor	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Edna Whitehair Cornwell		
Father's Name	Ashton B Cornwell			Father's Birthplace	Va
Mother's Maiden Name	Lucretia			Mother's Birthplace	W Va
Name of person giving information	Harry L Cornwell			How related to deceased	Brother

CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<i>Acute Nephritis Hepatitis</i>		How long	<i>4 days</i>
Immediate	<i>Exhaustion &amp; Heart Failure</i>		How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		<i>E. W. H. Broadus</i>	<i>28 Vassar</i>	
Accident or Suicide?		<i>W.</i>		



Name  
in  
Full

Mathilda Cooper Crutzbarg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barton</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND								
Date of death	1908	Month	Nov	Day	28	Age	54	Years	2	Months	15	Days
Sex	Female		Color or Race	White		Birth-place	Wales					
Occupation	H.W.		Where Residing if not at place of death		✓							
Married, Single or Widowed	Married		Name of Wife or Husband		Henry Crutzbarg							
Father's Name	Edward Cooper		Father's Birthplace		Wales							
Mother's Maiden Name	Ann Lewis		Mother's Birthplace		Wales							
Name of person giving Information	E. H. Crutzbarg		How related to deceased		Son							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cerebral haemorrhage</u>	<u>64</u> How long	<u>18 hours</u>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>S. A. Boucher</u>
		Address	<u>Barton</u>
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Noble L. Crutchley</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <b>MARYLAND</b>	
Died at <i>Cumberland</i>		Month <i>Nov.</i>		Day <i>30</i>		Years <i>6</i>	
Date of death <i>1908</i>		Month <i>Nov.</i>		Day <i>30</i>		Years <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>Teacher</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James Crutchley</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Bertha Smith</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving information <i>James Crutchley</i>		How related to deceased <i>Father</i>					
				<b>CAUSES OF DEATH</b>			

PHYSICIAN  
OR CORONER

Primary <i>Bronch pneumonia</i>	How long <i>3 days</i>
Immediate <i>Asphyxia</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William R. Boardman</i>
Address <i>116 Virginia Ave. Cumberland, Md.</i>	
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Pauline Deffabaugh

## CERTIFICATE OF DEATH

Town

County

Died at near Cumberland

Allegheny

MARYLAND

Date

of death 1908

Month

Nov

Day

8

Age

Years

—

Months

3

Days

—

Sex

Female

Color or  
Race

White

Birth-  
place

near Cumberland

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Do not know.

Father's  
Birthplace

Do not know.

Mother's  
Maiden Name

Catharine Deffabaugh

Mother's  
Birthplace

Pa.

Name of person giving  
Information

J. B. Dicken

How related  
to deceased

Grand father

## CAUSES OF DEATH

54

Primary

Anemia

How long

2 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, data  
and place correctly given above?

yes.

Signature of  
Physician

Address

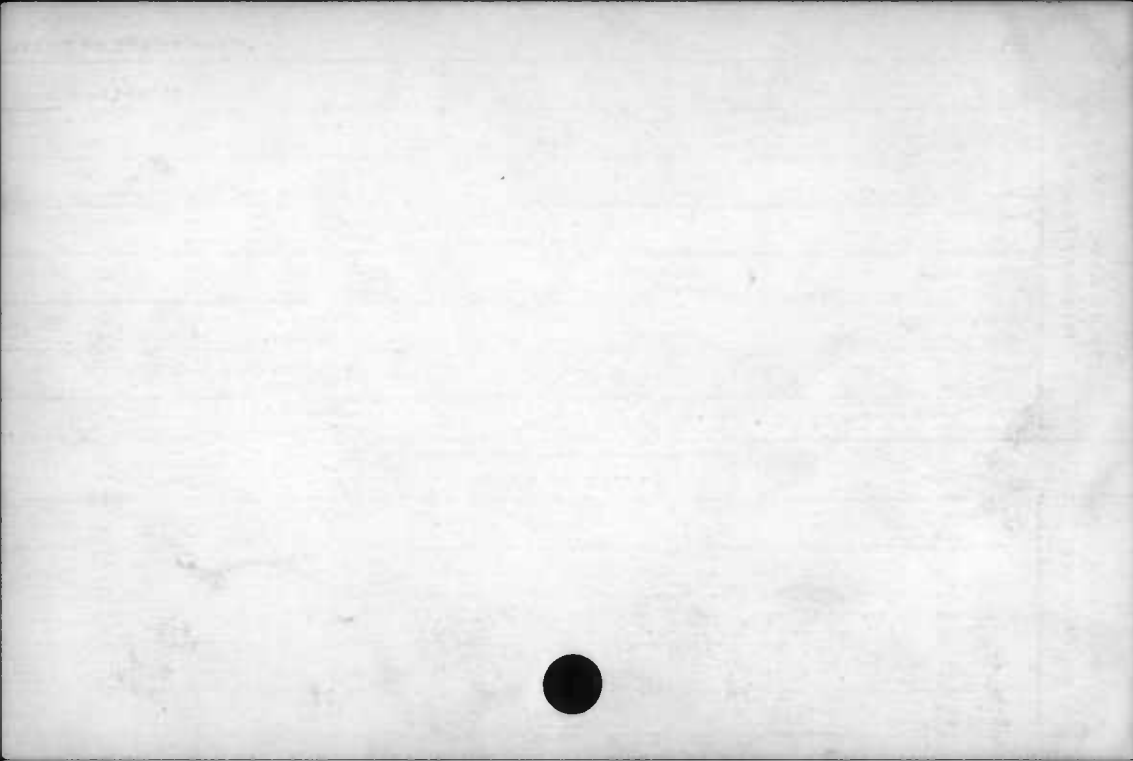
Heart. Smith  
Ellerslie

Md.

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Playford Dunham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Town Allegheny County MARYLAND

Date of death 1908 Month Nov Day 19 Age 15 Years Months 8 Days -

Sex Male Color or Race White Birth-place Md

Occupation Student Where Residing if not at place of death Freindsville Md

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name George W. Dunham Father's Birthplace Md

Mother's Maiden Name Laura B. Collins Mother's Birthplace Md.

Name of person giving Information George W. Dunham How related to deceased Father

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Gunshot wound of foot How long 36 hrs

Immediate Shock then anoxia How long 36 hrs

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. B. Blaylock

Steen Address Cumberland Md

Accident or Suicide accident

Frederick  
Garrett Co MA

Name  
in  
Full

Caroline Snyder Engle

## CERTIFICATE OF DEATH

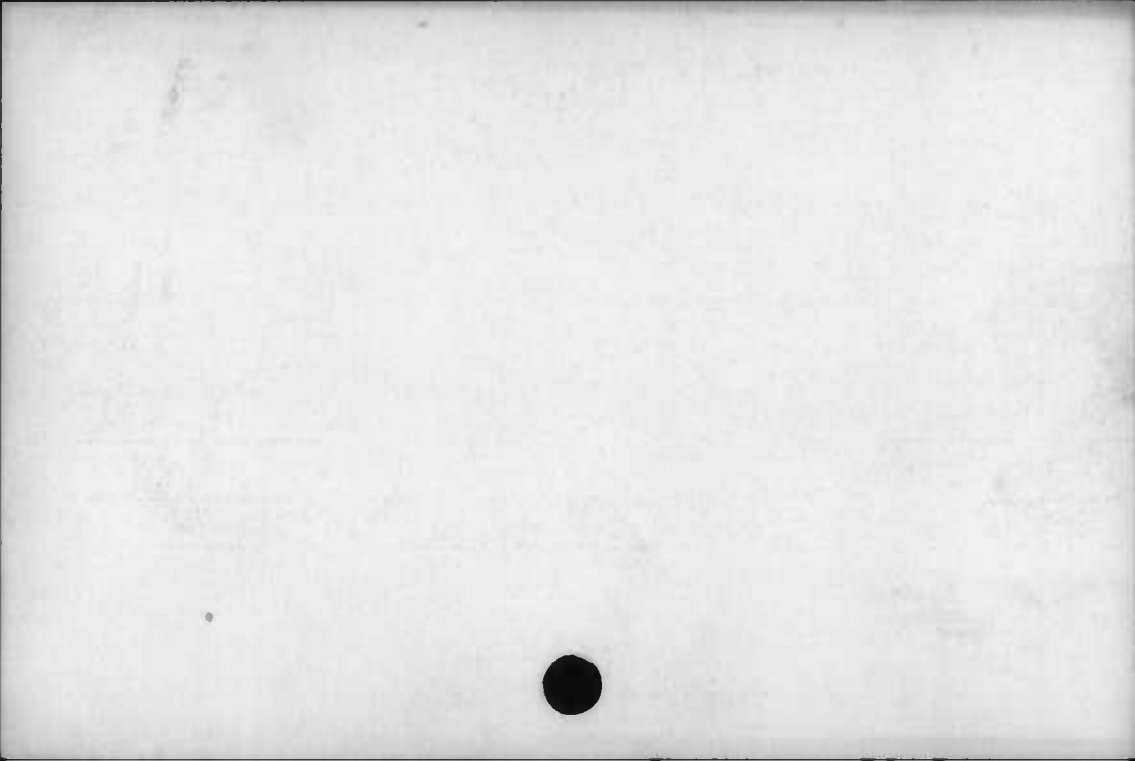
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1908		Nov.		10	
Age		5		3		Months	
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Maryland	
Where Residing if not at place of death		—		Married, Single or Widowed		Married	
Name of Wife or Husband		Henry Engle		Father's Name		Andrew Snyder	
Father's Birthplace		Germany		Mother's Maiden Name		Mary Hettrick	
Mother's Birthplace		Germany		Name of person giving information		Henry Engle	
How related to deceased		Husband		120			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	20 years
Immediate	Edema of lungs	How long	1 day.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Abbott R. Walker
Accident or Suicide?	—	Address	Frostburg



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Nathan Strong Gilbert</i>		Town <i>Cumberland</i>		County <i>Maryland</i>	
Died at <i>Cumberland Maryland</i>		Date of death <i>1908 Nov. 11</i>		Age <i>85</i>	
Sex <i>M</i>		Color or Race <i>W</i>		Birth-place <i>Mansfield Conn.</i>	
Occupation <i>Retired Merchant</i>		Where Residing if not at place of death <i>Hebron Conn.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah A. Golden</i>			
Father's Name <i>John Gilbert</i>		Father's Birthplace <i>Hebron Conn.</i>			
Mother's Maiden Name <i>Annie Hunt</i>		Mother's Birthplace <i>Leominster Conn.</i>			
Name of person giving Information <i>J. W. Gilbert</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary Cause <i>Organic Heart Disease</i>	How long <i>2 yrs</i>
Immediate Cause <i>Exhaustion</i>	How long <i>1 wk</i>

Are the name, age, sex, color, date and place correctly given above?

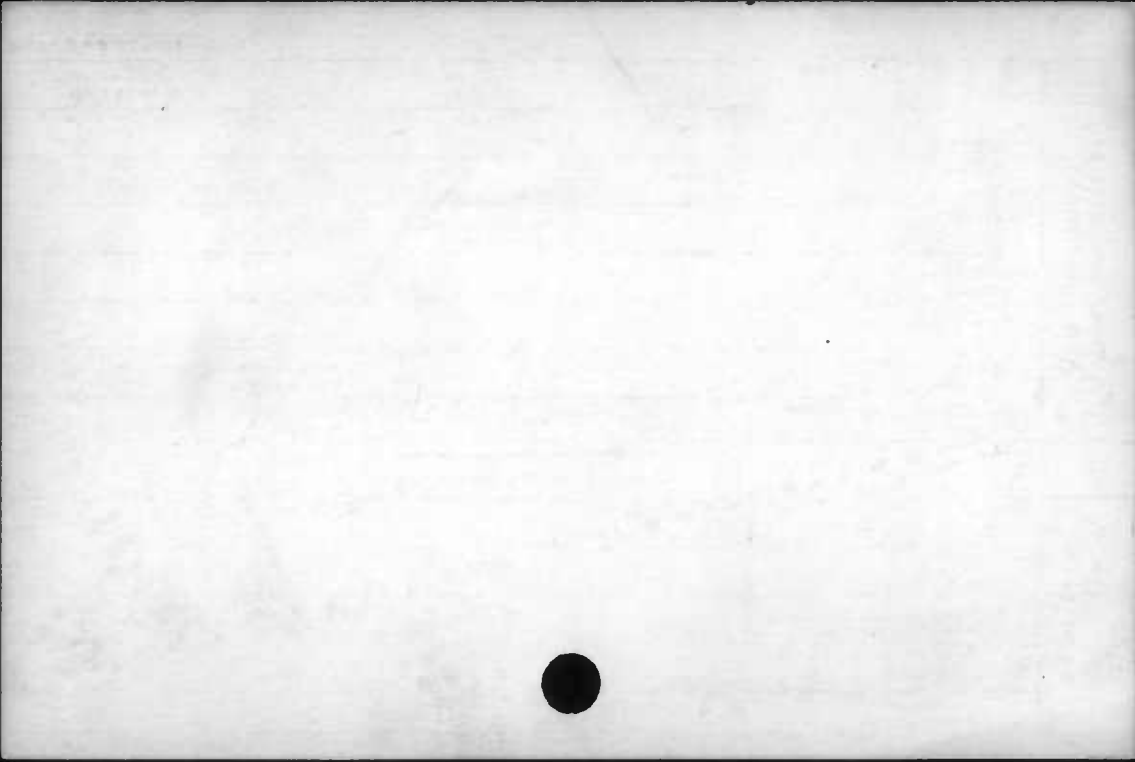
*Yes*

Signature of Physician

Address

*H. J. Twigg*  
*Cumberland,*  
*MD*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George W Green*

Town *Cumberland* County *Alleg.* MARYLAND

Died at *Cumberland*

Date of death 190 *8* Month *Nov.* Day *12* Age *63* Years Months *1* Days *8*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Timworker* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Cress*

Father's Name *Michael Green* Father's Birthplace *Germany*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving Information *Margaret Green* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

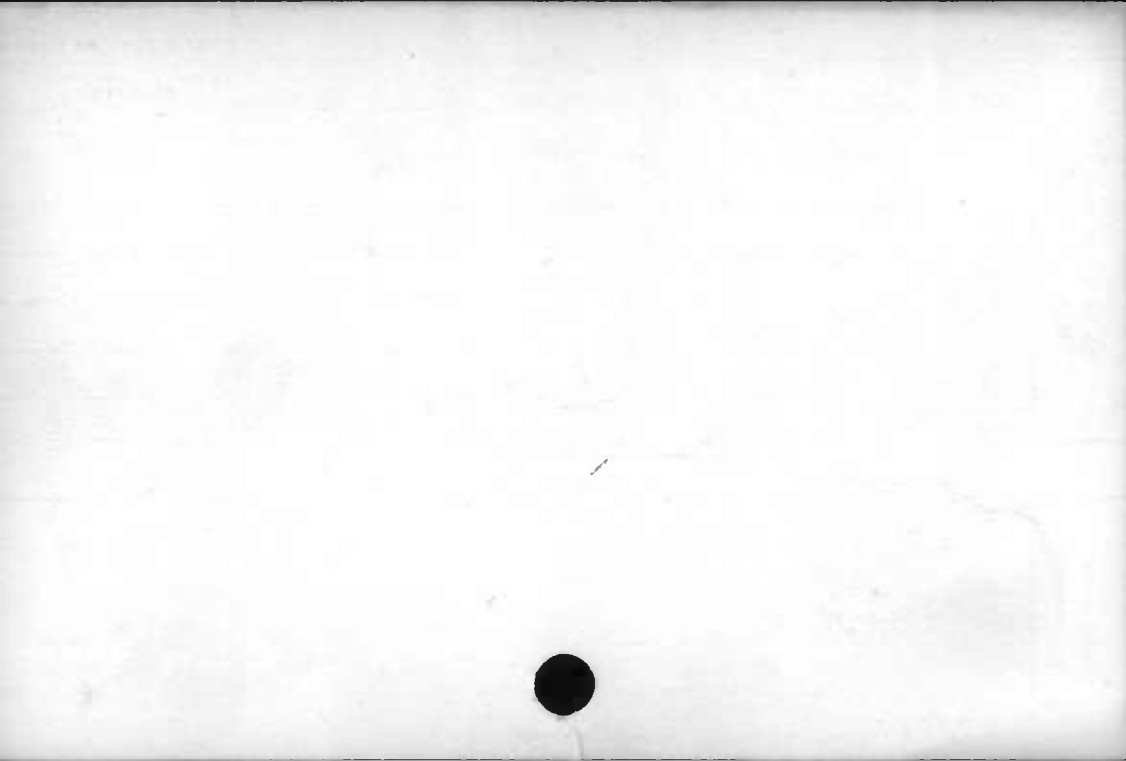
Primary *Paralysis* How long *2 weeks*

Immediate *Paralysis 2nd* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. A. Burdell* Address *Cumberland Md*

Accident or Suicide *—*





Name  
in  
Full

Steward Nelson Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

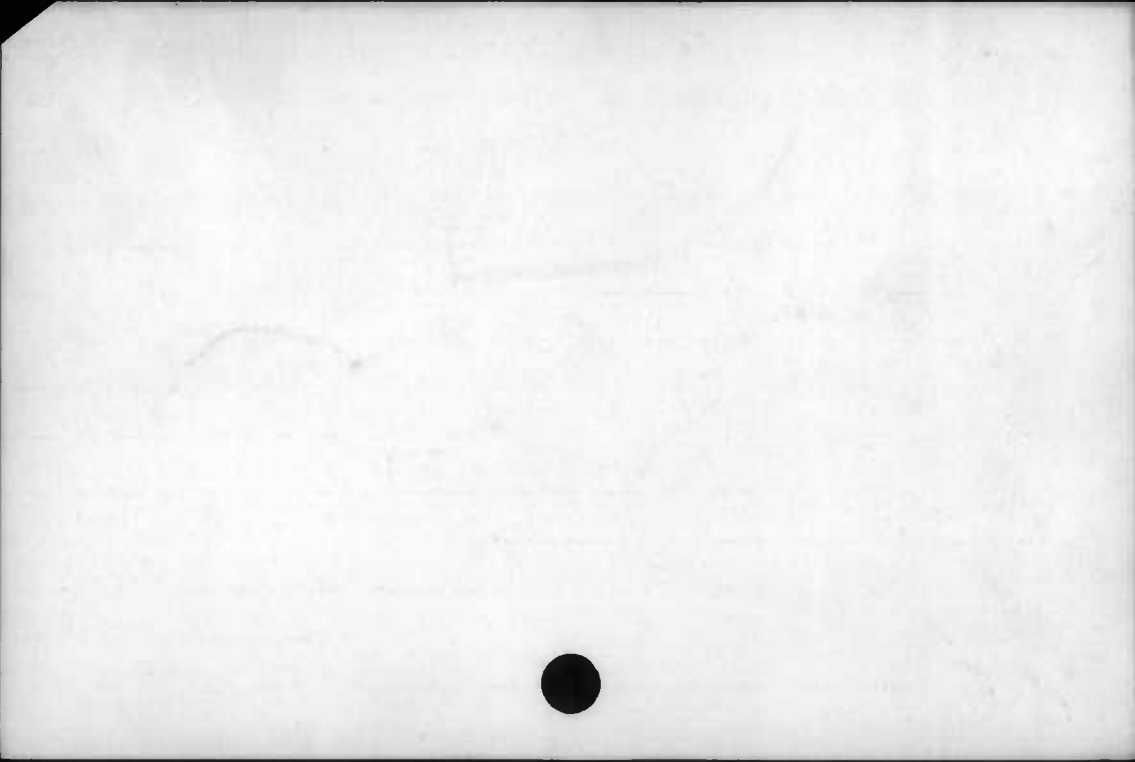
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1908	Month 11	Day 6	Age Years	Months 3	Days 15	
Sex	M.		Color or Race	W.		Birth- place	Md
Occupation				Where Residing if not at place of death Hosburg Md			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Steward H Green					Father's Birthplace	Pa
Mother's Maiden Name	Vergues Hammond					Mother's Birthplace	Delaware
Name of person giving In formation	" "					How related to deceased	Mother

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	Hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician L. S. O. Lane		
	Address Hosburg Md		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

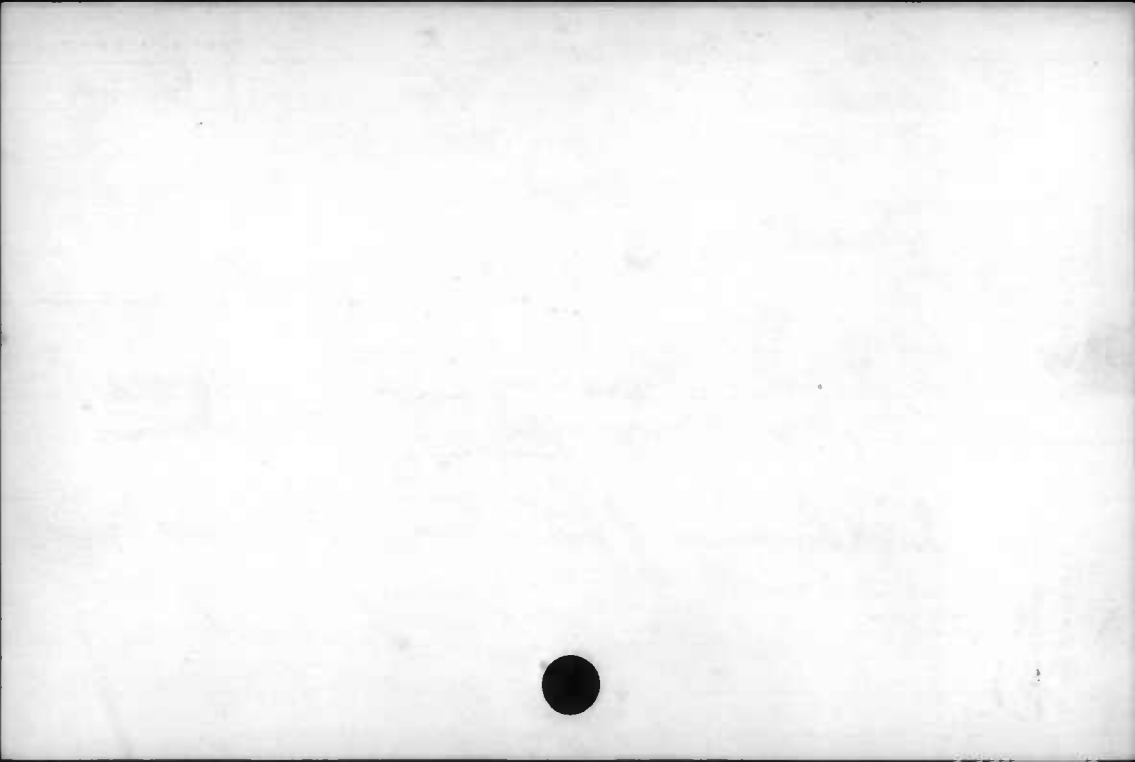
TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph A Haselberger*  
Town *Cumtland* County *Allegh*  
Died at *Cumtland* *Allegh* **MARYLAND**  
Date of death 1908 Month *Nov.* Day *21* Age *1* Years Months *3* Days *—*  
Sex *Male* Color or Race *White* Birth-place *md*  
Occupation *None* Where Residing if not at place of death *—*  
Married, Single or Widowed *Single* Name of Wife or Husband *None*  
Father's Name *Joseph Haselberger* Father's Birthplace *Scotland*  
Mother's Maiden Name *Mary A. McKenna* Mother's Birthplace *Scotland*  
Name of person giving Information *Joseph Haselberger* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *2* How long *61*  
Immediate *Acute Meningitis* How long *1 week*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. H. White*  
*White* Address *Cumtland Ind*  
Accident or Suicide *4/1/10*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Hausrath* Town *Coekhart* County *Alley* MARYLAND  
Died at  
Date of death *1900* Month *Nov* Day *29* Age *70* Years Months *0* Days *16*  
Sex *M* Color or Race *German* Birth-place *Germany*  
Occupation *Miner* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Kate Martin*  
Father's Name *Carl Hausrath* Father's Birthplace *Germany*  
Mother's Maiden Name *Don't know* Mother's Birthplace *Germany*  
Name of person giving information *Geo Hausrath* How related to deceased *Son*

CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary *Cirrhosis of Liver* How long *Several months*  
Immediate *Exhaustion* How long *one week*  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *J Griffith*  
Address *Harrodsburg Ind*  
Accident or Suicide? *No*

Hafer.  
Eckhart Corn.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Anderson Hipson

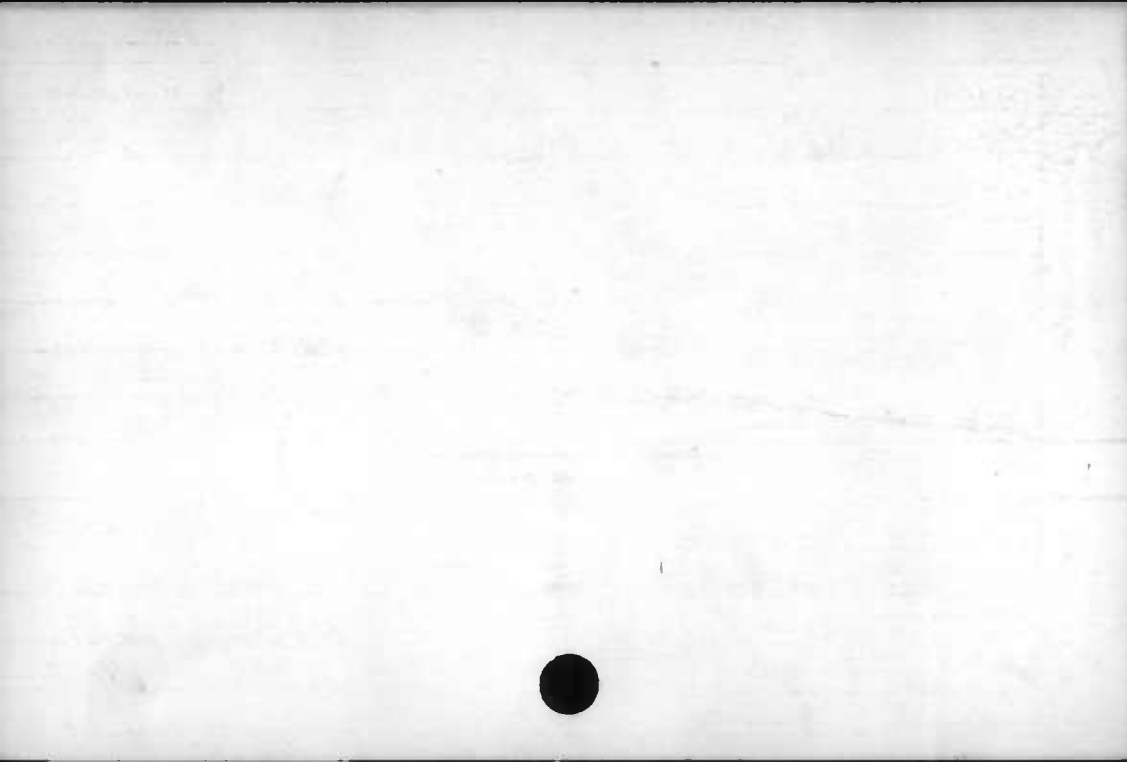
Died at Cumtland Md Allegany County MARYLANDDate of death 1908 11 Month 1 Day 74 Years 1 Months 1 DaysSex Male Color or Race White Birth-place Don't knowOccupation Mgr. (Lumber Co.) Where Residing if not at place of death Don't knowMarried, Single or Widowed Widowed Name of Wife or Husband Isabella Rea HipsonFather's Name Don't know Father's Birthplace Don't knowMother's Maiden Name " " Mother's Birthplace Don't knowName of person giving Information H Rea Hipson How related to deceased Don

## CAUSES OF DEATH

Primary Typhoid Fever. How long 3 weeksImmediate Perforation - obstruction How long 24 hours

Are the name, age, sex, color, dts and plsca correctly given above?

Signature of Physician A. H. HawkinsAddress CumtlandAccident or Suicide YesPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Accageany</i> County		MARYLAND	
Date of death	1908	Month	Nov.	Day	18
Age	73	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Unknown
Occupation	Switchman		Where Residing if not at place of death <i>Cameron, Col</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Jane Hopper</i>			
Father's Name	Unknown		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	"		Mother's Birthplace <i>" "</i>		
Name of person giving Information	<i>C. S. Tucker</i>		How related to deceased <i>Widower</i>		

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	<b>27</b> How long	<i>Unknown</i>
Immediate	<i>Exhaustion</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Spear</i>
		Address	<i>Cumberland</i>
<del>Accident or Suicide</del>			

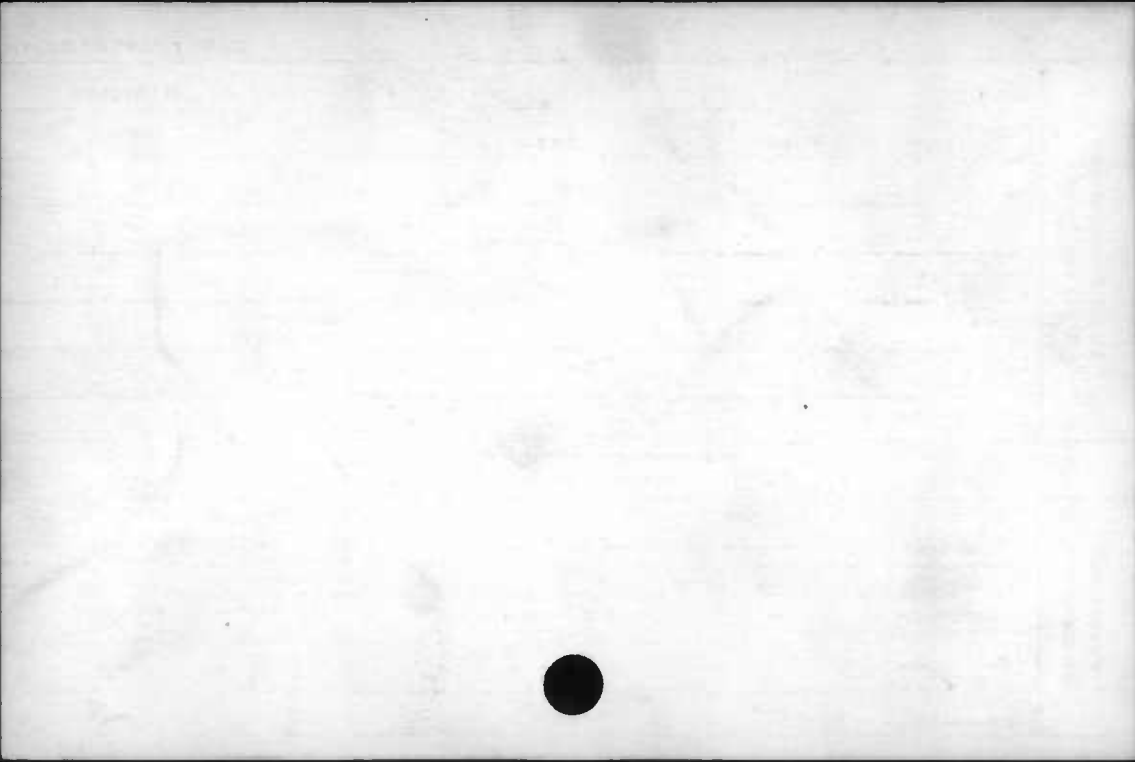
PHYSICIAN  
OR CORONER

32

---

G. L. Carter  
Secy.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name: *John V. Humbert* Town: *Cumberland* County: *Allegany*

Died at: *Cumberland* Date of death: 1908 Month: *11* Day: *7* Age: *56* Months: *—* Days: *—*

Sex: *Male* Color or Race: *White* Birth place: *Cumberland*

Occupation: *Plaster* Where Residing if not at place of death: *Cumberland*

Married, Single or Widowed: *Married* Name of Wife or Husband: *Barbara Furlong*

Father's Name: *John Humbert* Father's Birthplace: *Ligonier Pa*

Mother's Maiden Name: *Sarah McKee* Mother's Birthplace: *Ligonier Pa*

Name of person giving Information: *Barbara Furlong* How related to deceased: *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: *Exhaustion* How long: *6 weeks*

Immediate: *Cancer larynx and adjacent structures* How long: *13 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician: *R. Y. Ficht* Address: *Cumberland Maryland*

Accident or Suicide: *X*

To Secretary

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov	24	2	3	12	9
Sex		Color or Race		Birth-place			
Male		W		Baltimore			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Alfred Thomas Knight		Baltimore					
Mother's Maiden Name		Mother's Birthplace					
Clara Knight		Baltimore					
Name of person giving information		How related to deceased					
Jas. A. Knight		Uncle					

CAUSES OF DEATH

7

PHYSICIAN  
OR CORONER

Primary	Scarlet fever	How long	9 days
Immediate	Infection	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. C. Ober	
No		Address	
		Baltimore	
Accident or Suicide?			
No			

Hafer.

Alleg. Comm.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Isabelle Leary</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>Nov</i>		Day <i>7</i>		Years <i>75</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>7</i>		Years <i>75</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>		Months <i>—</i>	
Occupation <i>retired house keeper</i>		Where Residing if not at place of death <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John T Leary</i>		Father's Name <i>do not know</i>		Father's Birthplace <i>do not know</i>	
Mother's Maiden Name <i>do not know</i>		How related to deceased <i>Son</i>		Mother's Birthplace <i>do not know</i>		Name of person giving Information <i>W G Leary</i>	
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary <i>Inflammation Bowels</i>	How long <i>3 mo -</i>
Immediate <i>Senile Debility</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Barbedall</i>
<i>Steen</i>	Address <i>Cumberland Md.</i>
<i>Barbedall</i>	

A certificate of death is required for the burial of a person who has died in this State.

Lat # 14

Area In 13

---

Name  
in  
Full

Robert A Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Nov,	1	—	5	—	
Sex	Male	Color or Race	Colored	Birth-place	Cumed		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Walter Lee			Father's Birthplace	N.C.		
Mother's Maiden Name	Florence Starks			Mother's Birthplace	P.a.		
Name of person giving information	Walter Lee			How related to deceased	Father		

CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	36 hours
Immediate	Metastasis from Entero-colitis	How long	4 or 5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		O. J. Bracer	
Address		Bra Cumber	
Accident or Suicide			



Name  
in  
Full

Charles M. Bode

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i>		County <i>Allegheny</i>		- MARYLAND	
Date of death	1908	Month	11	Day	9
Age		50		Years	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Miner</i>		Where Residing if not at place of death	<i>Rome</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife	<i>Ellen Bigley</i>	
Father's Name	<i>Charles M. Bode</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Don't Know</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>Michael M. Bode</i>			How related to deceased	<i>Nephew</i>

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Apoplexy</i>	How long	<i>3 days</i>
Immediate	<i>Coma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thomas H. Houser</i>	
<i>8</i>		Address	
		<i>Frostburg Md.</i>	
Accident or Suicide?			

Hafer.

Westernport County

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Mc Kenzie

Died at <sup>Town</sup> Near Cumba. <sup>County</sup> Alleg.

MARYLAND

Date of death 1908 <sup>Month</sup> Nov. <sup>Day</sup> 19 <sup>Age</sup> 76 <sup>Months</sup> 6 <sup>Days</sup> 14Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Near CumbaOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> B. F. Mc KenzieFather's Name Martin Boone <sup>Father's Birthplace</sup> Near CumbaMother's Maiden Name Hannah Boone <sup>Mother's Birthplace</sup> Near CumbaName of person giving Information H. E. Mc Kenzie <sup>How related to deceased</sup> Grand Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONERPrimary Senile Debility <sup>How long</sup> 2 years.Immediate Exhaustion & Fever <sup>How long</sup> 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. L. Burdole

Address Cumberbund Md.

Accident or Suicide

Ernest Van Meter.

Brady's

37



Name  
in  
Full

Luther Ambrose Mann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

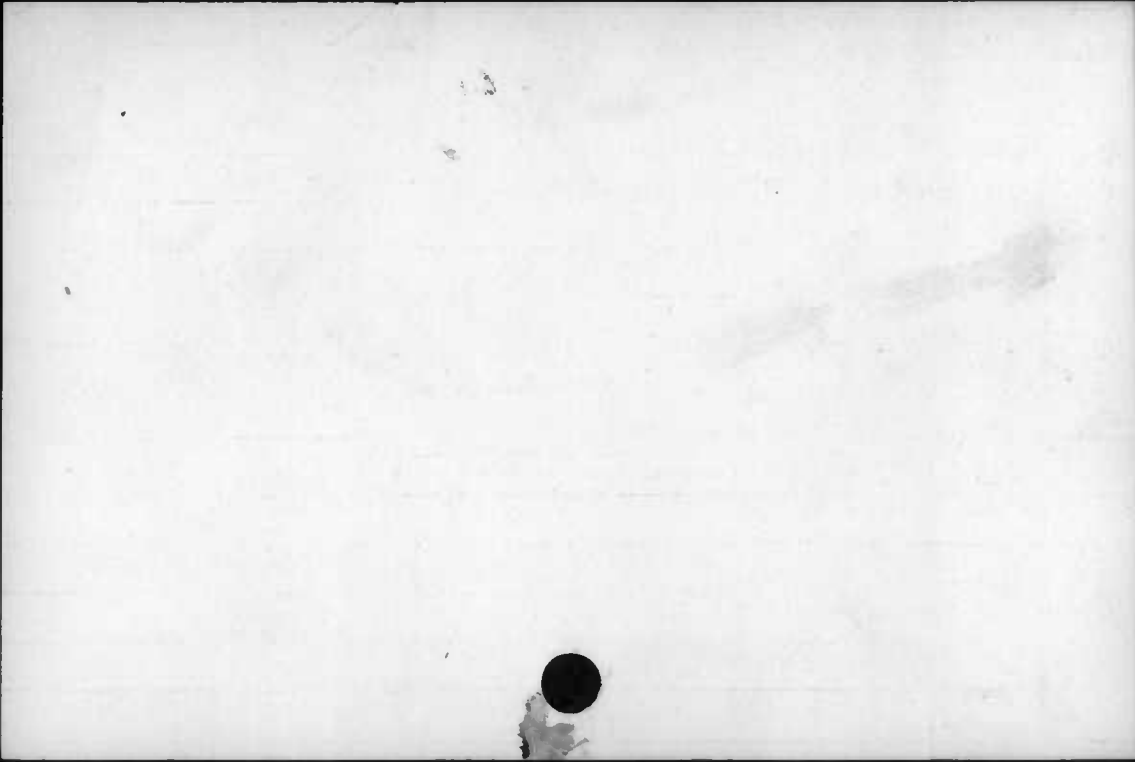
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		Month Nov.	Day 10	Age 74	Years	Months 2	Days 28
Sex Male		Color or Race White		Birth- place Va.			
Occupation Clergyman				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or <del>Household</del> Mary J. Householder					
Father's Name John Mann		Father's Birthplace Va.					
Mother's Maiden Name Sarah E. Compher		Mother's Birthplace Va.					
Name of person giving Information Wilbur Mann		How related to deceased Son					

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary Pneumonia		How long 6 Mo	
Immediate Nephritis & Complications		How long 1 Mo	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Hon. Broadus	
X Health		Address Cumberland Md.	
Accident or Suicide? No.			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov	18	67			
Sex	Male	Color or Race	White	Birth-place	Scotland		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Matthew Mason		Mary Bailey					
Father's Name	Matthew Mason				Father's Birthplace		
Scotland				Mother's Birthplace			
Mother's Maiden Name	Margaret Nelson				How related to deceased		
Name of person giving information				Wife			
James Mason Sr							

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	U. B. Skilling
Address	Lonsomming
Accident or Suicide?	
no	



Name  
in  
Full

Martin M. C. Merkel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland	County Alleg.		MARYLAND	
Date of death	1908	Month Nov.	Day 11	Age	Years 2	Months 2
Sex	Male		Color or Race	White		Birth-place
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None		
Father's Name	Harry J. Merkle				Father's Birthplace	Pa.
Mother's Maiden Name	Lydie Suter				Mother's Birthplace	Pa.
Name of person giving Information	Harry J. Merkle				How related to deceased	Father

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	7 days
Immediate	Croup	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/> True <input type="checkbox"/> False		Address	
Accident or Suicida <input type="checkbox"/>		J. Jones Cumberland Maryland	

Medicine man.

Frederick Co -

Dr. Carter

249

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harry E. Metzger

Died at Cumberland Allegany County  
Month    Day    Year   

## MARYLAND

Date of death 1908 *Jan* 1 Age 38 *—* 2

Sex *Male* Color or Race *White* Birth-place *Beading Co Pa*

Occupation Bank Book Keeper Where Residing if not at place of death

Married, Single or Widowed	Married	Name of Wife or Husband	Isore V. Keller
-------------------------------	---------	----------------------------	-----------------

Father's Name	John S Metraer	Father's Birthplace	Pa
---------------	----------------	---------------------	----

Mother's Maiden Name *Elizabeth Lina* Mother's Birthplace *Pa...*

Name of person giving Information	Jessie V. Metzger	How related to deceased	Wife
-----------------------------------	-------------------	-------------------------	------

### CAUSES OF DEATH

27

Primary	How long
Pulmonary Tuberculosis	about three years

Immediate *Ernst*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]*

Address *Hambleton road*

### Accident or Suicide





Name  
in  
Full

George H. Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at *Cumtland Alleg.*  
Date of death 1908 *Nov.* 1 Age *25* Months *2* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Cumtland*  
Occupation *Stone mason* Where Residing if not at place of death *—*  
Married, Single or Widowed *Married* Name of Wife or Husband *Nora Gallagher*  
Father's Name *Urban Miller* Father's Birthplace *Germany*  
Mother's Maiden Name *Elizabeth Rarey* Mother's Birthplace *New Cumberland*  
Names of person giving Information *Geo Miller* How related to deceased *Bro.*

## CAUSES OF DEATH

79

How long

How long

PHYSICIAN  
OR CORONER

Primary *Endocarditis*  
Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

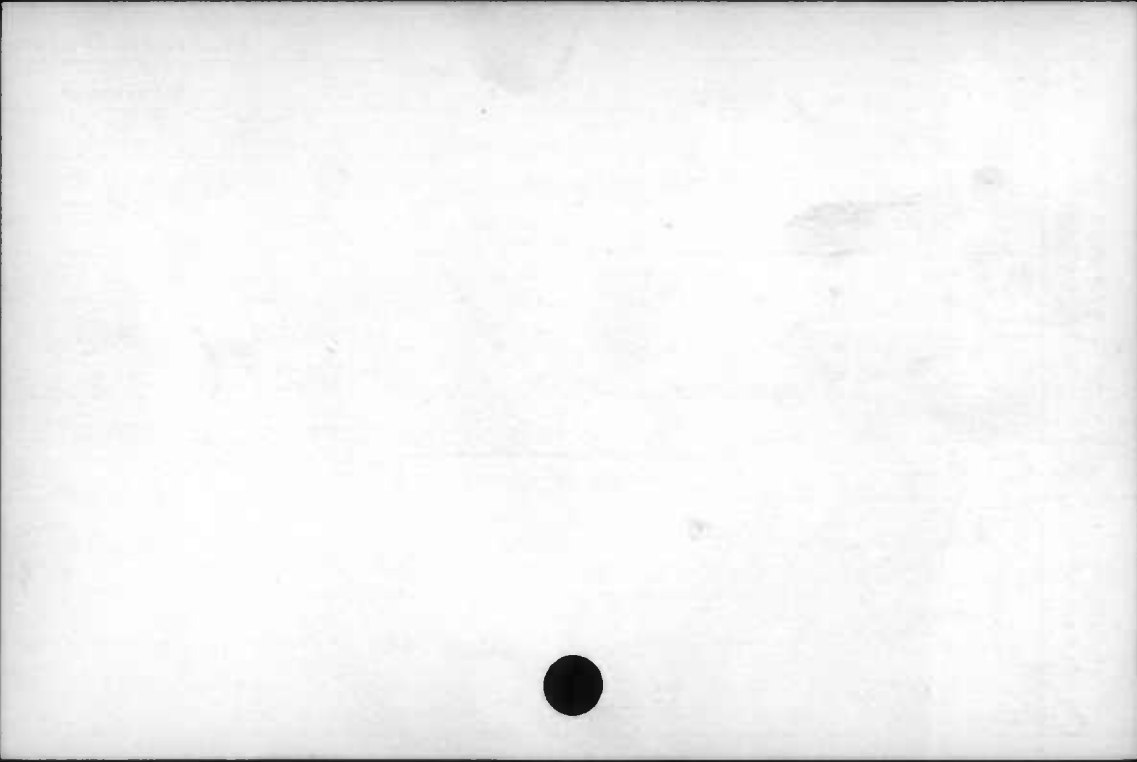
*yes*

Signature of Physician

Address

*T. B. McDonald*  
*Cumtland, Md*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Moore

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany

MARYLAND

Date of death 1908 <sup>Month</sup> Nov <sup>Day</sup> 12 <sup>Years</sup> Age 24 <sup>Months</sup> — <sup>Days</sup> —Sex Male <sup>Color or Race</sup> Colored <sup>Birth-place</sup> N.C.Occupation Laborer <sup>Where Residing if not at place of death</sup> Bedford St<sup>Married, Single or Widowed</sup> Single <sup>Name of Wife or Husband</sup> None<sup>Father's Name</sup> Unknown <sup>Father's Birthplace</sup> Unknown<sup>Mother's Maiden Name</sup> Annie Moore <sup>Mother's Birthplace</sup> N.C.<sup>Name of person giving Information</sup> Annie Moore <sup>How related to deceased</sup> Mother

## CAUSES OF DEATH

<sup>Primary</sup> Typhoid Fever <sup>How long</sup> 2 weeks<sup>Immediate</sup> Hemorrhage <sup>How long</sup> 2 days

Are the name, age, sex, color, date and place correctly given above? yes

<sup>Signature of Physician</sup> E. S. Duke<sup>Address</sup> Cumberland Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

John Art  
Town Frostburg, County Allegany

Died at

Date of death 1908 Month 11 Day 28 Age 72 Years 5 Months 18 Days

Sex Male Color or Race White Birth-place Germany

Occupation Miner - Where Residing if not at place of death -

Married, Single or Widowed Widowed Name of Wife or Husband Ellen Art -

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving information Henry Art How related to deceased Son -

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Fracture of ribs and ribcage of contusion on body Injury How long 34 hours

Immediate Pulmonary Oedemia 18 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. A. Cobey

Address Frostburg, Md

Accident or Suicide? Accident

"Accidental injury caused by falling  
through a trap door into a cellar, and  
striking a box, the ribs on right side  
being broken"

Hager

Ally. Bern

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Ann Porter</i>		Town <i>Ind Saray</i>		County <i>Alleghany</i>		MARYLAND					
Died at <i>Ind Saray</i>		Month <i>Nov</i>		Day <i>24</i>		Years <i>67</i>		Months <i>6</i>		Days <i>7</i>	
Date of death <i>1908</i>		Age <i>67</i>		Sex <i>Female</i>		Color or Race <i>A. W.</i>		Birth-place <i>Fredrick, Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John B. Porter</i>									
Father's Name <i>John Cronthrus</i>		Father's Birthplace <i>unknown</i>									
Mother's Maiden Name <i>Sarah Franklin</i>		Mother's Birthplace <i>Md.</i>									
Name of person giving Information <i>Mary Porter</i>		How related to deceased <i>Son</i>									

## CAUSES OF DEATH

106

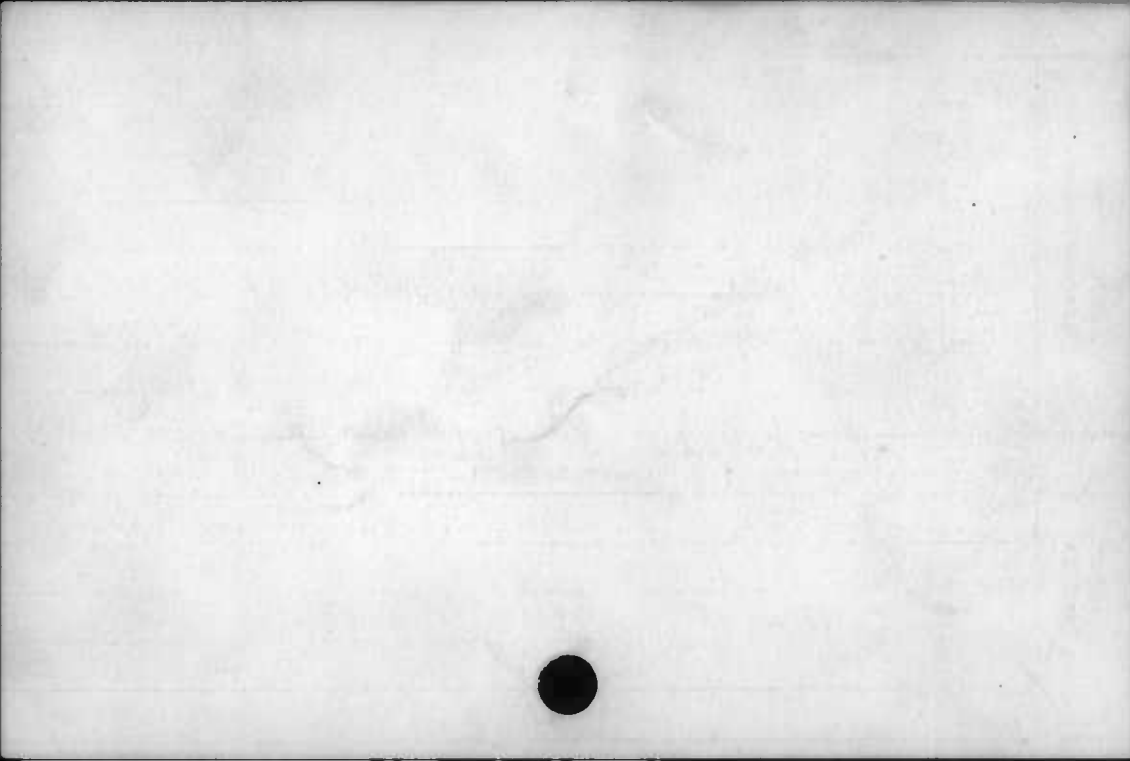
PHYSICIAN  
OR CORONER

Primary <i>Gasotr Intoxication</i>	How long <i>3 weeks</i>
Immediate <i>Exhaust</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Alan G. Murray</i>
Accident or Suicide <i>—</i>	Address <i>Ind Saray</i>





Name in Full		David Richards				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frostburg		Town		County	
	Date of death	1908	Month	8	Day	12	Age
	Sex	Male		Color or Race		White	
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Richards			Father's Birthplace		
	Mother's Maiden Name	Maggie Plummer			Mother's Birthplace		
PHYSICIAN OR CORONER	Name of person giving information			John Richards			How related to deceased
							Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	2 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Andrew W Sauerman

near

Town

County

Died at Cumberland

Allegany

MARYLAND

Date

of death 1908

Month

10

Day

24

Years

Age 66

Months

—

Days

—

Sex

Male

Color or  
Rece

White

Birth-  
place

Cumberland

Occupation

Laborer

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Sarah Dawson

Father's  
Name

John Sauerman

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Elizabeth Heiblein

Mother's  
Birthplace

Germany

Name of person giving  
Information

Mary Herbig

How related  
to deceased

Sister

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Apoplexy

How long

4 hours

Immediate

Exhaustion

How long

4 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. J. Furriger

Address

Cumberland  
Md

Accident or Suicide

Aug 20  
1842

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Margaret Schontz*  
Town *Blum* County *Alle*

Died at *Blum* Month *Nov* Day *23* Age *54* Months *—* Days *—*

Date of death *1908*

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *Housekeeper* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Rosam Schontz*

Father's Name *John Gagle* Father's Birthplace *Germany*

Mother's Maiden Name *Don't know* Mother's Birthplace *Not known*

Name of person giving Information *Rosam Schontz* How related to deceased *Daughter*

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

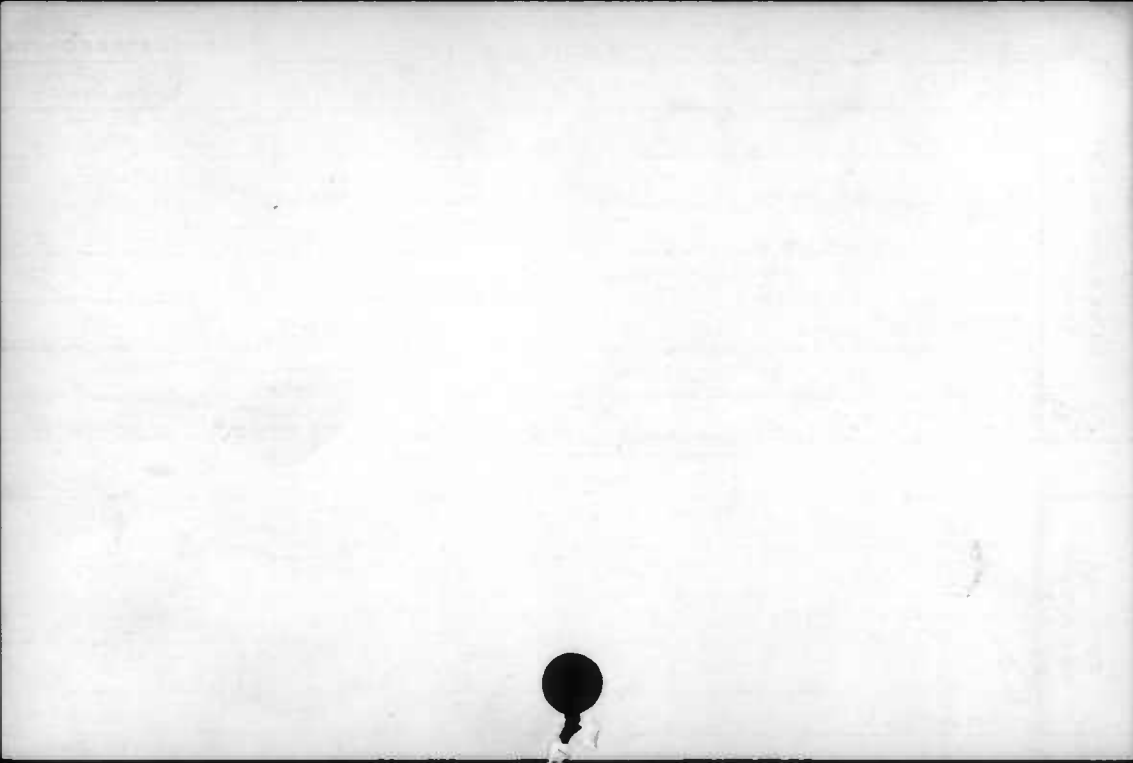
Primary *Cardiac dilatation* How long *4 wks*

Immediate *Exhaustion* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Edward Harris* Address *Peenbroad*

Accident or Suicide *X no X*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *George M Shaff*  
Died at *bummeland* *Alle* County

MARYLAND

Date of death 1908 Month *Nov* Day *25* Age *2* Years Months *11* Days *11*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *none* Where Residing if not at place of death *none*Married, Single or Widowed *Single* Name of Wife or Husband *none*Father's Name *Sammal M Shaff* Father's Birthplace *Pa*Mother's Maiden Name *Lora Wagner* Mother's Birthplace *West Va*Name of person giving Information *Sammal M Shaff* How related to deceased *Father*

## CAUSES OF DEATH

7

PHYSICIAN  
OR CORONERPrimary *Diphtheria* How long *from birth*  
*one week*Immediate *Exhaustion from Croup* How long *12 hrs after I saw it*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Thos. H. Brown*Address *Bumbershad*  
*Koon Ind*

Accident or Suicide

#10 York Place



Name  
in  
Full

Bertha Shular

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Crumbsland		County Allegheny		MARYLAND	
Date of death		Month 11	Day 19	Age	Years	Months	Days 2
Sex Female		Color or Race Black		Birth-place Crumbsland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Albert Shular				Father's Birthplace Pa	
Mother's Maiden Name		Marck Shular				Mother's Birthplace Washington D.C.	
Name of person giving Information		Albert Shular				How related to deceased Father.	

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	Coronary Compression 6 hrs.	
Immediate	Cardiac Failure 1 hr	
Are the name, age, sex, color, date and place correctly given above?		
8 yes		
Accident or Suicide		

Signature of  
Physician

Address

Spurgeon James  
1014 N. Mechanic



Name  
in  
Full

Marcia Shular

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

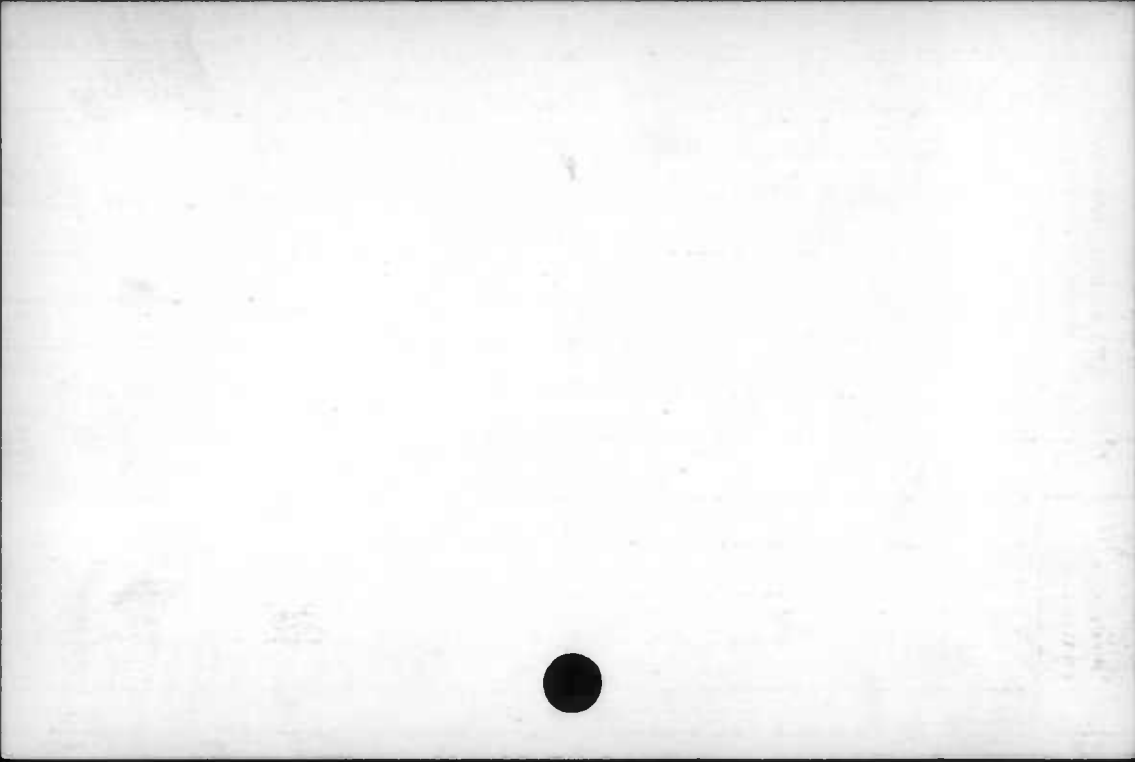
Died at <u>Cumtland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 1908	Month 11	Day 10	Age 36	Months <u>unknown</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Washington D.C.</u>		
Occupation <u>Housewife</u>	Where Reading if not at place of death <u>71 Independence St</u>				
Married, Single or Widowed <u>M</u>	Name of Wife or Husband <u>Albert Shular</u>				
Father's Name <u>Mr Cook</u>	Father's Birthplace <u>D.C.</u>				
Mother's Maiden Name <u>Emmie Gaines</u>	Mother's Birthplace <u>D.C.</u>				
Name of person giving Information <u>Albert Shular</u>	How related to deceased <u>Husband.</u>				

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary <u>Operation for Caesarean section</u>	How long <u>1 1/4 hrs.</u>
Immediate <u>Shock</u>	How long <u>36 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Surgeon Thomas M.D.</u>
<u>yes</u>	Address <u>104 N. Mechanic</u>
Accident or Suicidal <u>ISB</u>	



Name  
in  
Full

Elsie Ann May Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barton</u> Town		<u>Alleghany</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>16</u>	Age	Months <u>11</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Alleg. Co, Md</u>		
Occupation <u>L</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>L</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>John J. Smith</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Fannie Cross</u>		Mother's Birthplace <u>Virginia</u>			
Name of person giving Information <u>Fannie Smith</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long <u>About a week</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>S. A. Boucher</u>
		Address <u>Barton, Md</u>
Accident or Suicide <u>8</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Margaret B. Smith* Town *Chilbulaud* County *Allegh.* **MARYLAND**

Diad at *Chilbulaud* *Allegh.*  
Date of death 1908 Month *Nov.* Day *20* Age *84* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ohio*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *George P. Smith*

Father's Name *Samuel Caldwell* Father's Birthplace *Pa.*

Mother's Maiden Name *Jane McDonald* Mother's Birthplace *Ireland*

Name of person giving Information *Ferito Smith* How related to deceased *Son*

## CAUSES OF DEATH

66

Primary *Darwin* How long *Several years*  
Immediate *Exhaustion* How long *Several months*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *J. J. J. J. J.*

Address *Chilbulaud*  
*Mayland*

PHYSICIAN  
OR CORONER

Accident or Suicida

138 md ass



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William W Sprigs

Town

County

MARYLAND

Died at

Cumberland

allergany

Date

of death 190

Month

11

Day

14

Years

Age

49

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Bedford

Occupation

Carpenter

Where Residing if not  
at place of death

Cumberland

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Bertha Drew

Father's  
Name

Osby

Father's  
Birthplace

Cumberland

Mother's  
Maiden Name

I. Dunning

Mother's  
Birthplace

Bedford

Name of person giving  
Information

Bertha Sprigs

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Myocardial Infarction

How long

6 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

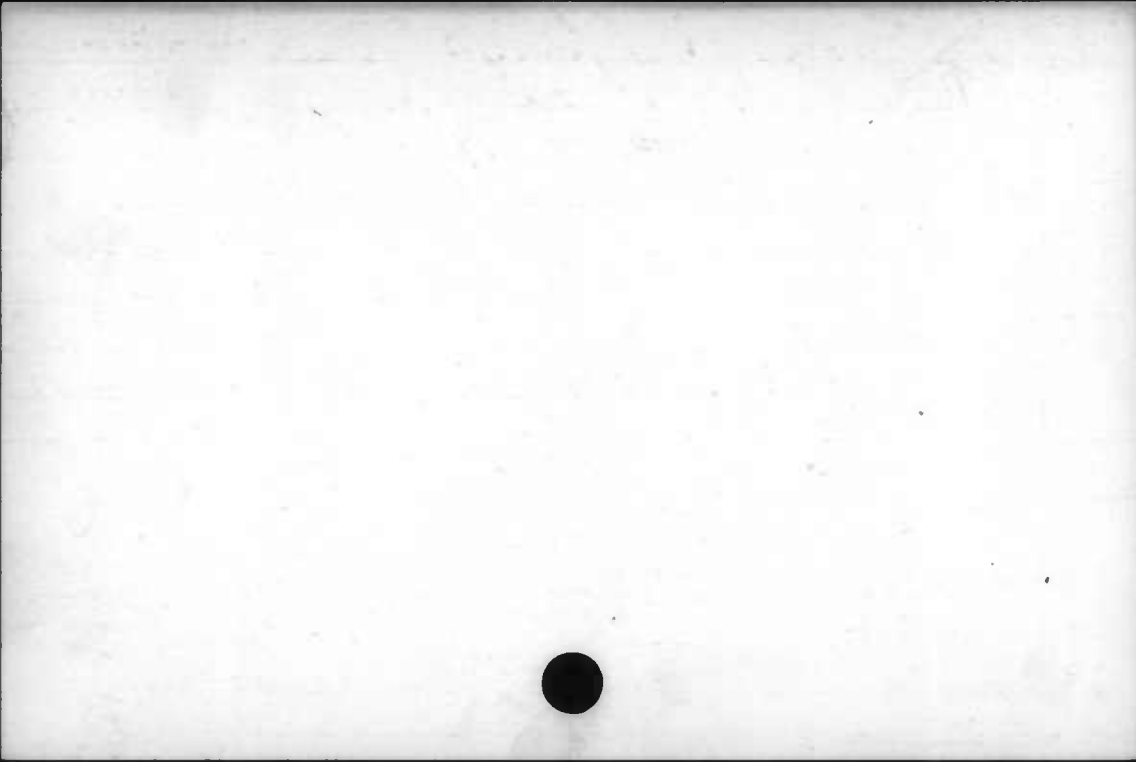
M. F. Terry

Address

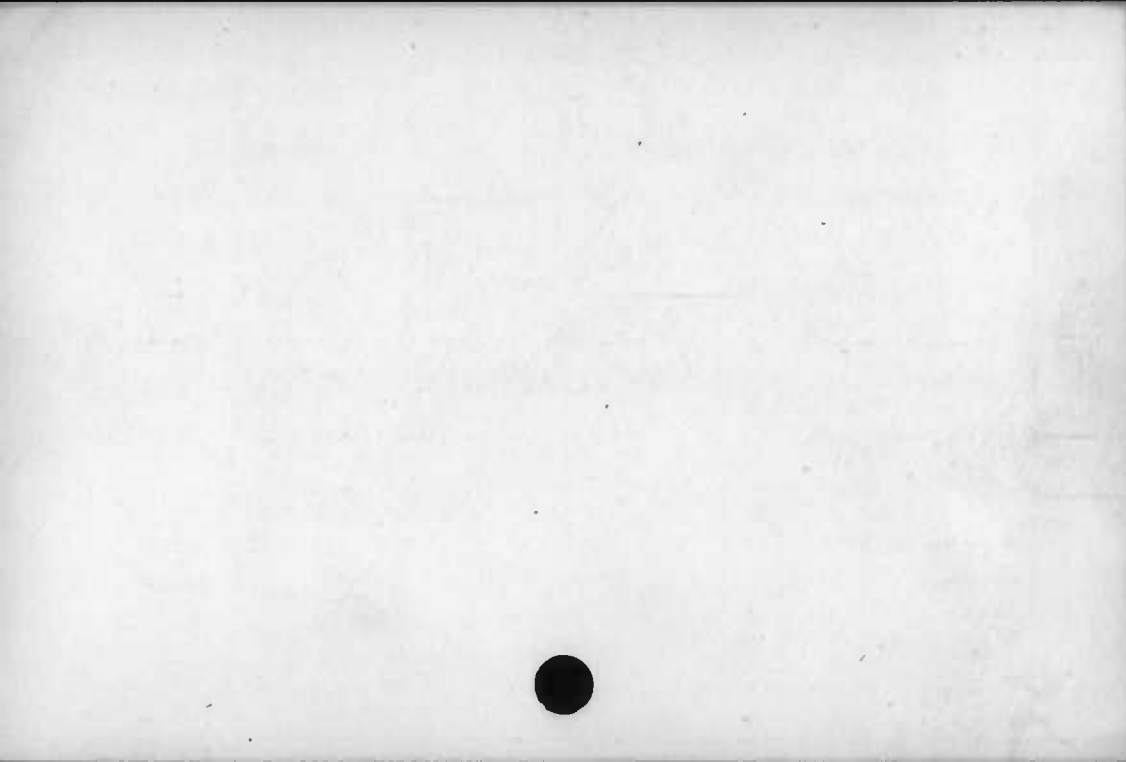
Cumberland Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name in Full		CERTIFICATE OF DEATH			
Mrs. Mary Foutch Thomas		Town		County	
Died at <u>Rehoboth</u>		<u>Allegany</u>		MARYLAND	
Date of death		Month	Day	Years	Months
1908 Nov.		22	Age	43	—
Sex		Color or Race	Birthplace		
Female		White	Barton Ind.		
Occupation		Where Residing if not at place of death			
Housewife		—			
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Wm. Thomas			
Father's Name		Father's Birthplace		Mother's Birthplace	
Jacob Foutch		Barton Ind.		" "	
Mother's Maiden Name		How related to deceased		Name of person giving information	
Annie Broadwaters		Son		Wm Thomas	
CAUSES OF DEATH					
Primary		How long		1 year.	
Pulmonary Tuberculosis		How long		3 weeks	
Immediate		Signature of Physician		Address	
Anthrax, dyspnea.		Henry M. Hodgson M. D.		Lonacongo, Ind.	
Are the name, age, sex, color, date and place correctly given above?		Accident or Suicide?			
Yes		No			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Edith W. Thuse

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date  
of death

1908

Month

Nov

Day

15

Age

Years

1

Months

3

Days

-

Sex

Female

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

none

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

- None

Father's  
Name

August Thuse Jr

Father's  
Birthplace

Cumberland

Mother's  
Maiden Name

Rose McDermitt

Mother's  
Birthplace

Cumberland

Name of person giving  
Information

Rose Thuse

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Infarcted

How long

176

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

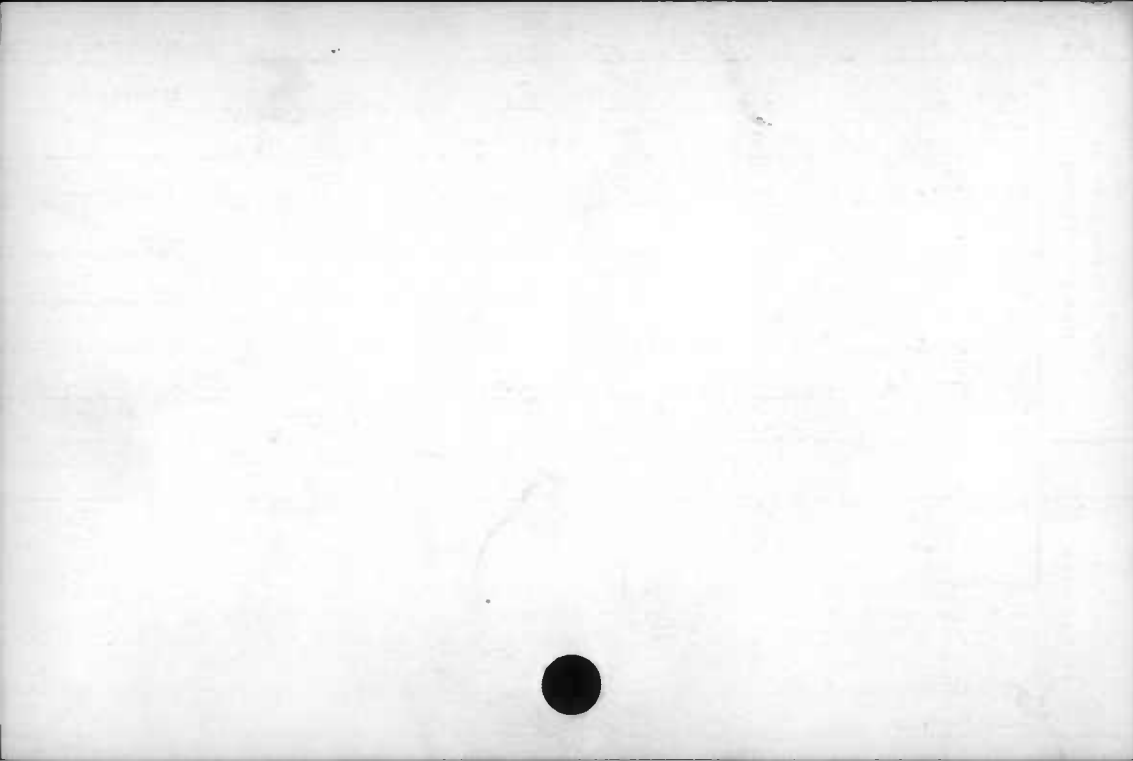
Signature of  
Physician

JH Maibz

Address

Cumberland  
MdPHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Paul Straub Trautman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

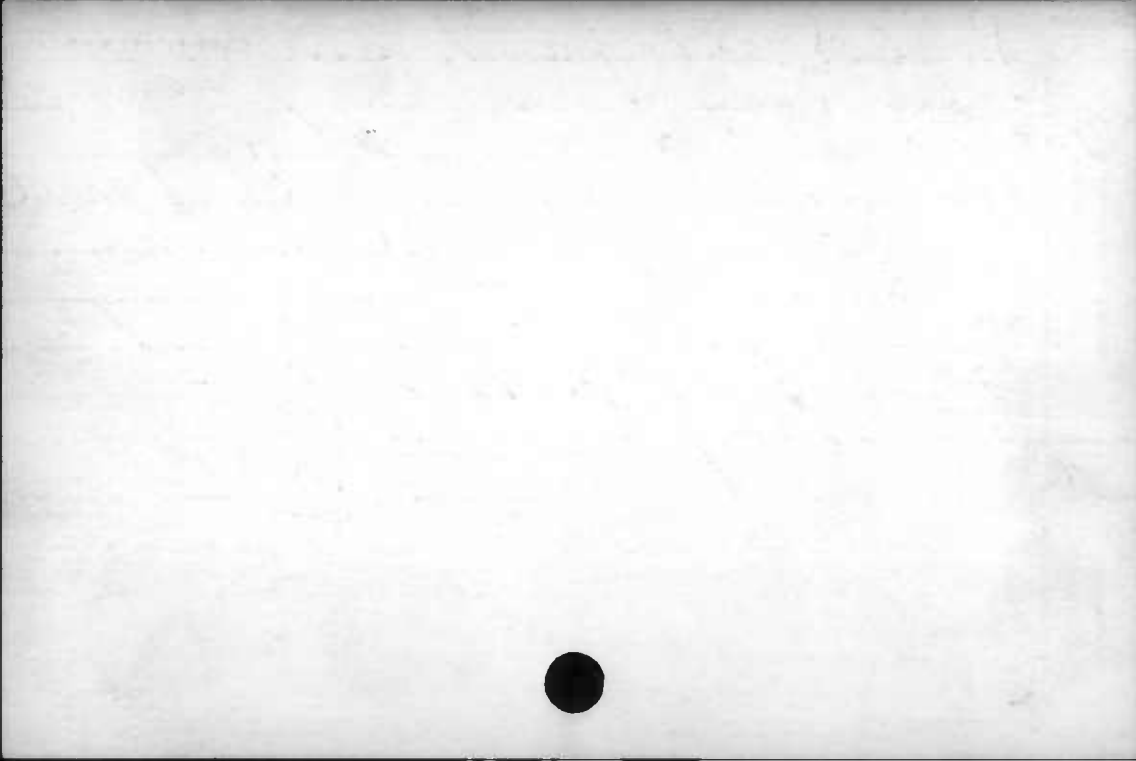
Died at <u>Cumberland</u>		County <u>allsgary</u>		MARYLAND	
Date of death 190 <u>8</u>		Month <u>Nov</u>	Day <u>30</u>	Age	Years <u>4</u> Months <u>4</u> Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Cumberland</u>	
Occupation <u>-</u>		Where Residing if not at place of death <u>Cumberland</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Ermy Trautman</u>		Father's Birthplace <u>ind</u>			
Mother's Maiden Name <u>Blanche Perder</u>		Mother's Birthplace <u>Don't know</u>			
Name of person giving Information <u>Mary Trautman</u>		How related to deceased <u>Niece</u>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Enteritis</u>	How long <u>several weeks</u>
Immediate <u>Exhaustion</u>	How long <u>Exhaustion</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>E. B. Celaybrook</u>
	Address <u>Cumberland Md</u>
Accident or Suicide	





Name  
in  
Full

Dorothy Weber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Harpersville</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Month</sup>	<u>Nov</u> <sup>Day</sup>	<u>20</u> <sup>Age</sup>	<u>14</u> <sup>Months</sup>	<u>14</u> <sup>Days</sup>
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>                    </u>		Birth-place	<u>Allegheny Co</u>	
Where Residing if not at place of death			<u>                    </u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>                    </u>	
Father's Name	<u>Charles Weber</u>			Father's Birthplace	<u>W. Va</u>
Mother's Maiden Name	<u>Margaret Bray</u>			Mother's Birthplace	<u>Lonacony</u>
Name of person giving information	<u>Charles Weber</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<u>Bronchitis</u>	How long	<u>1 week</u>
Immediate	<u>Broncho Pneumonia</u>	How long	<u>1 "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Henry H. Hodgson</u>
		Address	<u>Lonacony, Md</u>
Accident or Suicide?	<u>No.</u>		



Name  
in  
Full

Ruth Willison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

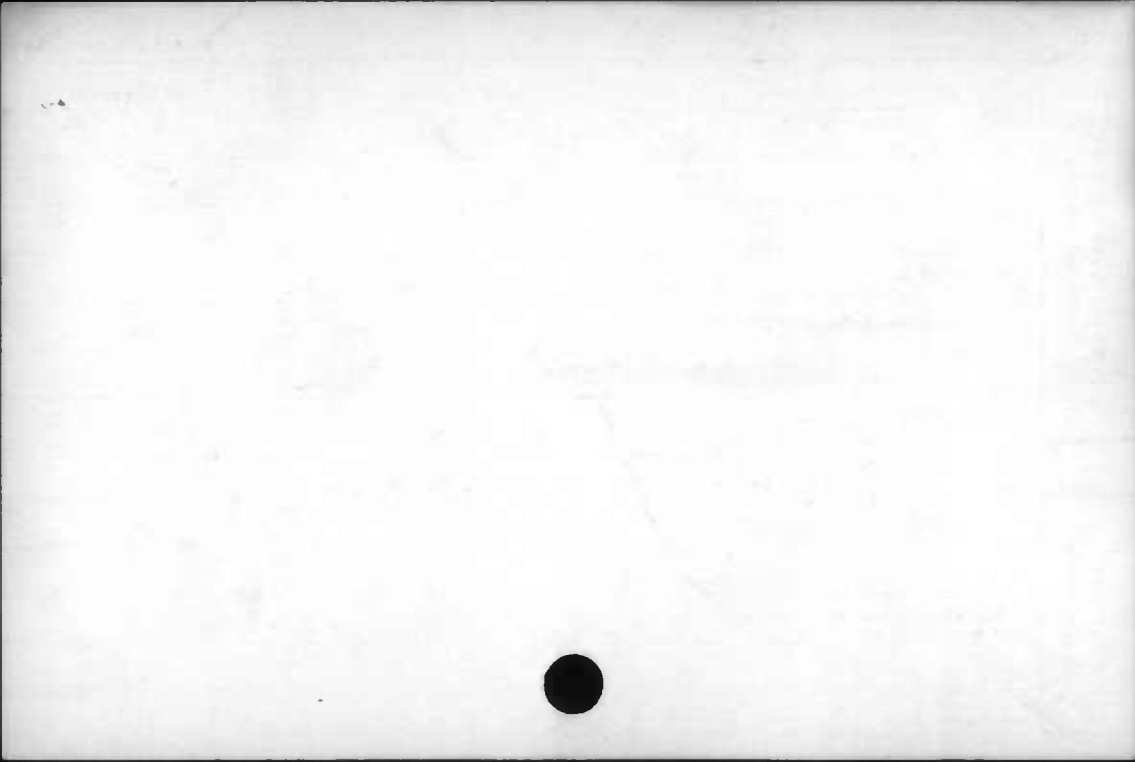
Died at		Town <i>Cumbecland</i>		County <i>Allegh</i>		MARYLAND	
Date of death		190	Month <i>Nov.</i>	Day <i>18</i>	Age <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumbecland</i>			
Occupation <i>millinery</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Richard Willison</i>				Father's Birthplace <i>Cumbecland Md</i>			
Mother's Maiden Name <i>Jennie Kelso</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Arthur Willison</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. N. Jones</i>
	Address <i>Seneca St. Md</i>
Accident or Suicide <i>—</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

La Vale

Town

Alleg.

County

MARYLAND

Date

of death

1908

Month

Nov.

Day

4

Year

Age

33

Month

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John J. Wintermeyer

Father's  
Name

Edward Davis

Father's  
Birthplace

Alleg. Co.

Mother's  
Maiden Name

Mary Lavin

Mother's  
Birthplace

Md

Name of person giving  
Information

Mary Wintermeyer

How related  
to deceased

Mother

V Patient fell during an  
epileptic fit, face downward, and forcibly

CAUSES OF DEATH

Primary

Epilepsy

Gent upon sternum

How long

+ 1/2 hr

Immediate

Suffocation

How long

not known

Are the name, age, sex, color, place  
and place correctly given above?

Yes

Signature of  
Physician

J. N. Fochman

Address

Cumberland Md

Accident or Suicide

Accident

PHYSICIAN  
OR CORONER

Abraham & 3 children

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant of G. H. Winters  
 Died at Cumtland Alleg.  
 Date of death 1908 Nov 12 Age — — — — —

MARYLAND

Sex Female Color or Race White Birth-place Ind  
 Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Geo H Winters

Father's Birthplace Ind

Mother's Maiden Name Mary Gray

Mother's Birthplace Ind

Name of person giving Information Geo H Winters

How related to deceased Father

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary Don't know

How long Child only lived a few

Immediate Protracted Labor

How long minutes 14 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

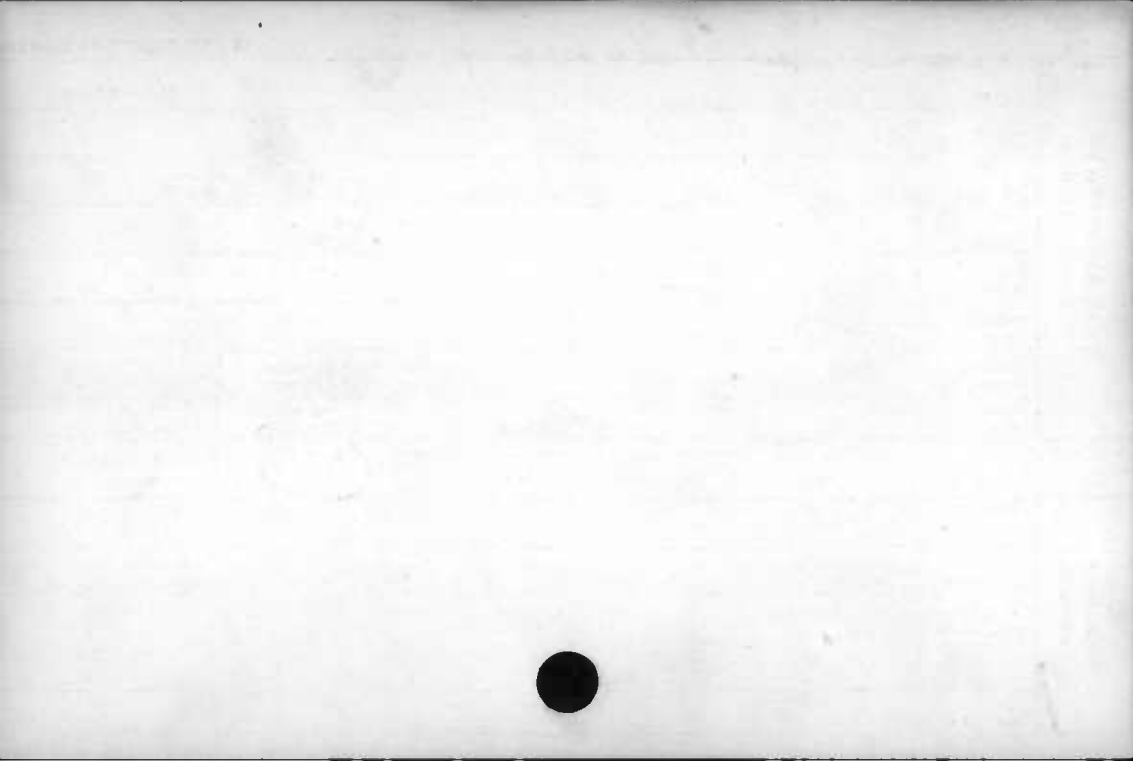
Signature of Physician

Address

True

Accident or Suicide

G H Winters  
Cumtland Ind.  
White





Name  
in  
Full

Meyer Zoller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumberland* County *Allegheny* MARYLAND

Date of death 1908 *Nov* *15* Age *—* Months *2* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Rockneal Zoller* Father's Birthplace *Russia*

Mother's Maiden Name *Mache Kammtorres* Mother's Birthplace *Russia*

Name of person giving Information *Rockneal Zoller* How related to deceased *Father*

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary *Round head in Bed* How long *—*

Immediate *Sofocated* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *JH Martz Coroner* Address *Cumberland Md*

*Steen.* Accident or Suicide *—*

